THE KOCH CHEMICAL FORMULA IN THE TREATMENT OF CANCER 1925

A REPORT ON ITS INVESTIGATION,
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Cancer is confined chiefly to two principal forms: Carcinoma and Sarcoma. Under the most approved methods of surgery, radium and the X-ray, relief with hope of ultimate cure may be expected in 40 percent of those afflicted.

Prevalence: In the United States alone it is estimated that at all times there are at least 250,000 cancer cases demanding care and treatment.

When cancer has spread beyond its initial or primary nodule, the possibility of cure under existing methods of surgery, radium, and X-ray is remote. For this reason the world at large is interested in any measure that can hope to relieve or cure such a class. In the United States during 1923 the mortality records show 108,000 lives given to cancer. After many years of service in the care of such unfortunates and with the above picture indelibly impressed on the mind of the author, he has untiringly investigated one after the other, every new method of treatment reported.

For several years in all parts of the world, notable work has been done in studying the causative features of cancer that a real cure might result.

Authorities differ relative to whether or no cancer can be classed as a constitutional or systemic disease. Our opinion, after studying many of the manifestations of the pre-cancer stage, is that without a doubt certain changes take place in the resistance of the adult that tends to reduce a natural immunity that they have previously exhibited. At such a time the onset of cancer, coming as an infection, is possible. Science has already vouched for a bacterial organism or germ as responsible for cancer in plant life and in lower animal life such as the mouse. Likewise, such causative features may be observed in the human.

To operate, radiate, desiccate or to remove with caustic paste the early lesion, often brings about an apparent curative effect, and full credit is to be given such procedure. To use similar methods with widely spread cancer spells failure in tremendous percentages, simply because the first series of treatments are applied to purely local conditions and in the latter state we contend with a constitutional disease.

DR. WILLIAM KOCH

During October 1923, we were consulted by Dr. A. W. Hoyt of New York, whose purpose was to enlist our interest in the cancer research of Dr. William F. Koch of Detroit, in the effort of securing an endowment in support of his work.

Dr. William F. Koch, A.B., A.M., Ph.D., M.D., Professor of Physiology, Detroit College of Medicine, 1914-1919, with degrees awarded from the University of Michigan. For more than ten years Dr. Koch had laboriously studied in his laboratories, all the manifestations of the pre-cancerous and active stages of malignancy with the object of identifying the cause of cancer and finding a cure.

Prior to my first visit to Dr. Koch's Clinic in October of 1923, I was informed of his apparent good results with a treatment for the hopeless type of cancer, and I was urged to maintain a judicial attitude, withholding decision as to credit, until an opportunity for a complete investigation was had. Furthermore, I was not to be unduly influenced by the fact that in 1919 (at a time when Dr. Koch had treated some twenty-five cases), as a result of an investigation made by the local board of surgeons of the Wayne County Medical Society, Detroit, his work had been discredited, and his medical society memberships and professorships canceled.

My first impression on meeting Dr. Koch was most convincing. His manner of impressive earnestness, his fairness and his scientific attitude could not be questioned. I at once reasoned, Â "he may be mistaken in the results claimed, but he is absolutely honest. "

Colleague Publications

1912 – 1939

- 1925 IS A CURE FOR CANCER POSSIBLE BY ANTITOXIN AND SERUM TREATMENT EIGHTEEN MONTHS WITH THE KOCH CANCER ANTITOXIN
- 1925 THE KOCH CHEMICAL FORMULA IN THE TREATMENT OF CANCER
- 1925 THE KOCH TREATMENT OF CANCER
- 1926 CAN CANCER BE SUCCESSFULLY TREATED BY NON-SURGICAL METHODS?
- 1926 CANCER—ITS CAUSE AND PREVENTION
- 1926 THE CANCER SITUATION
- 1929 THE PERIODIC MEDICAL EXAMINATION AND THE EARLY DIAGNOSIS OF CANCER
- 1933 DR. WILLIAM H DOW, ALONG WITH OTHER SCIENTISTS, SPEAK OUT ON KOCH REAGENTS
- 1933 CANCER BY DR. D. W DEWEY M.D.
- 1935 KOCH COOK BOOK / INDIAN SUN SYMBOL
- 1937 ACQUIRED IMMUNITY TO TUBERCULOSIS
- 1938 NEOPLASMS, INFECTIONS, AND ALLERGY, DR. H. MAISIN, M.D.
- 1938 REVERSING THE PATHOLOGICAL TREND IN RHEUMATIC FEVER AND CORONARY THROMBOSIS
- 1938 THE USE OF PEROXIDE
- PHAGOCYTOSIS OF THE TUBERCLE BACILLUS

1940 – 1959

- 1941 IMPORTANT FACTS ABOUT THE KOCH TREATMENT
- 1941 THE CURE OF CORONARY THROMBOSIS
- 1944 SCIENTISTS SEEK LEPROSY CURE
- 1945 A LEAST COMMON DENOMINATOR IN ANTIBIOTICS
- 1949 FARMERS VICTORIOUS
- 1949 THE BIRTH OF A SCIENCE, BY DRS. WAHL, REHWINKEL AND REILLY
- 1950 THE NEW SCIENCE IN THE TREATMENT OF DISEASE SYMPOSIUM
- 1950 THE PROSECUTION OF DR. WM. F.

CANCER—DR. KOCH'S ACCEPTED THEORY

That the disease is due to a definite microorganism, which serves as an exciting stimulus to cell growth. That such organism is commonly met in the body during a pre-cancerous stage extending over a period of many months or years in latent stage. As a rule, its recognition accompanies a definite traumatism, chronic irritation, or disordered function, which has tended to weaken the normal resistance of the area affected. The first evidence of cancer takes on the form of a small nodular growth or open ulcerated area. Such a manifestation is nature's effort to ward off the exciting stimulus of the infectious microorganism.

Dr. Koch's early efforts in cancer investigation had to do with the development of parathyroid work, which was later confirmed by Paton of the University of Glasgow in 1917. Paton's recognition for the same work won for him the Triennial Prize in medicine from Harvard University. In the parathyroid work, Dr. Koch observed the necessity of recognizing a receptor control of metabolic activities and studied cancer to isolate such substances. During this investigation, Dr. Koch recognized the influence of an agent, which might chemically alter the receptor of an infectious agent, thereby serving as a means of attack on the cancer germ.

THE KOCH CHEMICAL TREATMENT

The formula was conceived after a further study most extensive in type, of a microorganism resembling the spirochete of yaws and syphilis. Recognition of such an organism functioning in cancer as a causative factor brought on the study of agents that might inhibit or destroy. The present treatment is a differential poison that kills the pathogenic organism without injuring the host. It is a difficulty prepared synthetic structure, worked down on a re-crystallization process taking many weeks to complete. The exact nature of the product we anticipate will shortly be announced.

If any destructive agent could be brought in contact with the micro-organism, the underlying causative feature, and exert an influence which would destroy it, the exciting cause of cancer cell proliferation should be ended and the advance cease. Then follows nature's effort to reduce the existing tumor mass by absorption. With the tremendous drain on the patient's vital forces at an end, a tonic effect is quickly exhibited and the patient may be cured. With a varying modification, the treatment is applied with equally good results in both Carcinoma and Sarcoma. In that there is no recurrence after the destruction of the cause of cancer, the word cured can be used properly. Such is the province of the Koch chemical cure for cancer.

EARLY REPORTS INVESTIGATED

Dr. Koch presented the first report of his work as published in the Medical Record of October 30th, 1920. A year previously, an investigation by the County Medical Society of Detroit was ordered. At the request of a committee from this organization, he treated seven cases of inoperable hopeless cancer of their selection. After a few weeks of observation, during which time many causes of offence were offered, the committee reported back to its society that no apparent curative results were witnessed. Their report in part is as follows:

Â "Dr. Koch's records were incomplete and that he had submitted no proof that his injections have any particular merit and the committee concluded that the study is entirely experimental and improperly supervised. "

The exact facts of the case show that at this date, July 1924, two of these original patients are alive and well. For nearly five years they have enjoyed good health and apparently stand cured. Two out of seven lives saved from a hopeless group forms a record worthwhile. Credit for such a result is hidden from the records. Dr. Koch's reward was a complete ostracism at the hands of the medical profession of Detroit.

Further than this the Wayne County Medical Society caused to be printed in the Journal of the American Medical Association, their entire defamatory report. Likewise the latter organization, of which I am a member, listed him in similar accord in their volume entitled, Â "The Propaganda for Reform ", along with the records of Cancer Fake Cures, Tuberculosis Frauds and the unwholesome Category of Charlatan Practitioners. More recently, June 1924, an editorial on Dr. Koch's work entitled, Â "Exploiting The Cancer Sufferer ", the Journal of the American Medical Association states, Â "He had been graduated in medicine for only a year when he announced his cure. " They make such a limited statement when their own records show that Dr. Koch was teaching medicine in a reputable medical college from 1913 to 1919, and held his professorship from 1914 to 1919. He was teaching the most fundamental principles of medicine seven years before he announced his discovery. The purpose of such an attitude is evident but hardly commendable.

It is small wonder then, that Dr. Koch should express himself with unbridled terms against any medical organization that would treat his work with such a spirit of unreserved venom. However, for the four years that followed he made no effort to contribute literary effort, to sell his product, or to improperly advance his personal interests. More than four hundred patients have now received the treatment. He labored on diligently in the perfection of his treatment until we now believe he will soon be accorded a liberal degree of acceptance. Were it not for the fact that the clergy of the Lutheran Church stood behind him strongly during

- KOCH
- 1951 JOURNAL OF AMERICAN ASSOCIATION OF PHYSICIANS – 8 REPORTS
- 1952 THE INCREDIBLE FEDERAL TRADE COMMISSION, BY DR. D. H. ARNOTT, M.D.
- 1952 THE KOCH CATALYTIC AGENTS, BY DR. JULIAN F. BALDOR, M.D.
- CATTLE EXPERIMENTS IN THE U.S. AND CANADA; A SERIES OF ARTICLES
- NATURE OF ACTION OF KOCH ANTITOXIN the entire period, his investigations might have been lost to the world.

THE UNPUBLISHED FORMULA

One reasonable criticism is advanced by all good medical men, namely that the Koch chemical formula has not been made public in the manner usually followed in the advancement of scientific medical research. Although I personally feel that the profession should be given such data, the following conditions prevail. During the past four years no less than seventeen changes or modifications have been necessary in the perfection of the formula. Originally it required fifteen to twenty separate injections with the remedy. This course was reduced to ten, then to six, and finally as at present we have but one to three treatments during the period of twenty-four to thirty-six weeks.

Aside from the strained situation existing between Dr. Koch and his medical brethren in Detroit, that may have delayed publication regarding the formula, one can experience how unwilling an investigator might be to release his formula in early development, which might he used only at the risk of criticism and discredit. It is a product of biochemic laboratory research developing delicate chemistry that may not be generally accepted with understanding by one half of the medical profession for ten years to come.

MY PERSONAL INTEREST

When I first met Dr. Koch, I informed him that I was nut interested in any department of his treatment, in which surgery radium and the X-ray were giving me creditable percentages of clinical returns. That I wished to judge of his work in a class of cancer cases where my own observations showed one hundred percent bad returns. I further specified such deplorable findings we commonly meet in cancer of the stomach with liver involvement, in general cancer of the entire abdomen secondary to pelvic cancer and in high rectal cancer of extensive type. He informed me that he could show me a liberal group of cures in such a classification. One can appreciate my satisfaction when I affirm that in one day we visited thirty-four such patients who had remained entirely well after treatment for a period of six months to four years. In about one third of the cases, true pathological reports substantiated the diagnosis. In all others, the hospital and independent medical records justified a true diagnosis. The exhibit without doubt formed the most remarkable experience of my medical career. No person, even of prejudiced mind, could fail to be convinced of the unusual merit of such a treatment.

Personally I made it my duty to talk to a number of Detroit physicians with the hope of ameliorating the antagonism expressed on both sides. Further effort was soon discouraged when I found that even the president of the society who had experienced in his practice a cure in a case that he had passed up to die, still held that the hard and fast rules of medical ethics should hold no exception. For my own part, I decided that the life of my patients must be above such a fanatical ethical status and I proceeded to investigate the treatment more critically. For obvious reasons the product had not been placed in distribution, and in fact, with the exception of two or three instances, it had never been applied, except by Dr. Koch. I was therefore deeply grateful when I received promise of a supply for the Radium Institute of New York for the treatment of twenty-five cases of desperate cancer under my own supervision. My series of cases treated since October 1923 to date totals sixty-seven, with nineteen cases showing results that point to a cure, twenty-four cases more are progressing favorably, eleven too recent to report on, five lost to records, twelve have died. It is interesting to note that in all cases except five, definite physical improvement was noted sufficient to supply us with most valuable data.

CONTRAINDICATIONS GOVERNING TREATMENT

In that a tendency toward toxemia follows the absorption of cancer tissue, it is important that metabolic function be not seriously impaired. Cases of extensive involvement that have been subjected to massive radiation with radium or the X-ray frequently undergo a shock to body chemistry that breaks resistance and poor results follow. Cases of extreme anemia or cachexia do not respond well. Good heart and kidney function are essential to the best success. Seriously impaired digestive function must be estimated as a possible deterrent feature. The reactions, which develop, vary in character and intensity in accord with the type of the mass and its stage of degeneration. Large ulcerating areas frequently serve as a cause for high temperature, at times mounting to 105Â° to 1o6Â°. Nausea and vomiting are common in pelvic cases. Crampy pains and nervous twitching are seen. A rash frequently develops on the shoulders and abdomen with tiny seed like nodules beneath the skin. Reaction may start within three days after the initial treatment or at any time during the first three weeks and may recur in three-week intervals.

The after treatment of Koch cases is supportive and eliminatory. Liberal food intake is encouraged, using meat, vegetables, milk, eggs and etc., but with a rigid abstinence from stimulants, acid fruits, all rich seasonings or condiments, coal tar products, and active cathartics. In that cancer patients exhibit a tendency toward defective oxidation personally we advocate the use of the pentaoxide of vanadium. Careful attention is given the bowel and kidney action. Observation of the patient is continued actively over a period of from twenty-four to thirty-six weeks, then a monthly check up for a period of one year.

The treatment can be advocated as an adjunct to surgery. Large masses that are operable should be surgically treated. The Koch Treatment should follow surgery within three weeks. As an early measure of treatment or as a prophylactic, the formula serves a great purpose in that its action is both selective and specific; it exerts no harmful or notable effect in a normal person. Benign tumor masses are in nowise affected.

SPECIAL CASE REPORTS

To permit a better visualization of the clinical manifestations, we are appending several case histories, which may serve to demonstrate the possibilities of treatment. These records are entered in abbreviated form. The first five cases are from the records of Dr. Koch. All of these patients, however, I have personally observed.

CANCER OF STOMACH

Mrs. L. T. age 38. Detroit, Michigan.

Normal weight 104 pounds. Had the usual diseases of childhood and otitis media at 24 years of age, and pneumonia in February 1922, convalescence from which was marked by progressive gastric disturbance in March of that year she vomited blood and had progressive indigestion with putrid eructations, loss of weight and strength and much pain in the back and abdomen particularly in the gastric region. Tarry stools and daily vomiting of blood during March and April when she consulted Dr. G. Field who sent her to Harper Hospital where five X-ray pictures were taken and an exploratory operation performed by Dr. Angus McLean and Dr. Y. D. Barrett. A large gastric cancer was found and a specimen removed and sent to the hospital pathologist, Dr. P. F. Morse. Three days later the family was informed that the disease was cancer and nothing could be done. A few weeks later Dr. Pinckert again explored the abdomen and reported to the family that the intestines were covered with the growths and that she could live only a few days and requested that she be left in the hospital to die so an autopsy could be performed. She was taken home and on August 15th, I was called to attend the patient.

Patient extremely emaciated, the skin literally lay on the bones, unable to hold herself up or raise herself in bed, had no appreciation of surroundings, had taken no food for two weeks but vomited foul material and blood. Abdomen one large mass, size of two heads, lumpy and completely filling abdomen. Family insisted upon my treating patient in spite of advice that it could do no good. Patient treated. Gradual improvement set in with complete recovery by September of next year, when weight reached 106 pounds; all tenderness and tumor mass having disappeared, and a fair nutrition reestablished. Patient is at work daily and well except for attacks of indigestion that follow dietary indiscretions.

CANCER OF UTERUS

Mrs. McG. Age 48. Mount Pleasant, Michigan.

Well all life till children came. Poor health followed. Ovary and appendix removed by Dr. Max Ballin of Detroit in 1913. Left breast removed for cancer by same operator in 1919.General ill health marked by dizziness and neuritis followed.

In 1920, began to suffer pain in lower back and developed a bloody discharge from uterus. Constipation set in and some urinary disturbance. In February 1922, a uterine hemorrhage alarmed her. But another set of symptoms rapidly set in that sent her to a surgeon. Thus in March she started to lose weight and strength rapidly, began to sweat, developed a tremor and noticed that her eyes were too large. Her breathing became rapid and the heart action annoyed her. She became very nervous, ravenous appetite and thirst, and some diarrhea appeared and she noticed a lumpiness in neck. Went to the University of Michigan and consulted Dr. S. C. Runnells who examined the uterus, put her through the usual procedure and gave her a diagnosis of cancer of the uterus. She then consulted Dr. Rubin Peterson, Professor of Gynecology at the University of Michigan who likewise submitted her through a diagnostic course and gave a diagnosis of cancer of the uterus and advised immediate operation telling the patient that she could not live ten days unless she were immediately operated upon. So having become certain of the diagnosis she came to me for treatment since she knew of others being cured by this treatment.

May 1922 at a glance spotted the case as one of extreme thyrotoxicosis and as the patient was in a state bordering on collapse she was permitted to rest in a comfortable quiet room for several hours before her examination was attempted. After her rest pulse 160, plus respirations 38 per minute. Exophthalmus marked, Steliwag's and Graefe's signs positive, sweat and tremor, high pulse pressure. Loss of weight 16 pounds in last four weeks reported. Left lobe of thyroid enlarged, also several bean and two peach stone size tumors in supraclavicular region close to thyroid on left side. Several small tumors below clavicle on left side over area of breast amputation. Axillary glands enlarged slightly on left side only. Cardiac dullness increased toward post axillary line. Heart action tumultuous. Functional murmur present. Uterus fixed in pelvis extending above pubes three fingerbreadths, as a hard tender mass. Cervix bound down, lumpy, bluish and hard, with ulcerated as presenting typical carcinomatous appearance. Bloody foul discharge. Patient suffered considerable pain in legs and back and abdomen, frequent painful micturition and difficulty in moving bowels unless stools were thin. Treatment was given three times in the course of four months and complete cure accomplished in that time. All masses, those about neck and-in abdomen and uterus completely disappearing. A gain of weight to 142 pounds was made at the end of the year and all thyro-toxic symptoms as well as uterine trouble having lost to date. She now reports that her health is better than before the babies came.

CANCER OF BREAST ASSOCIATED WITH PAGET'S DISEASE

Mrs. A., Theodore Street, Detroit, Mich. Age 36.

Normal weight 116 pounds. In July 1920, noticed a lump in left breast behind the nipple from which a bloody discharge came, and upon which an ulceration developed. She consulted Dr. Bernard Friedlander who sent her to the Woman's Hospital, where he removed the breast radically. Healing did not take place but instead six cancerous areas appeared on the chest and upper abdomen varying in size from a nickel to a little larger than a silver dollar; also a few pea sized lumps made their appearance. Microscope examination of the tissue as well as the amputated breast was reported by Dr. Davis to be medullary carcinoma. Patient referred to me by Dr. Friedlander, August 15th, 1920 and treated in the course of several months three times. Cure was complete by January 1921, all areas healed and lumps having disappeared. She is perfectly well today. Cured.

CARCINOMA OF LARYNX

Mr. F. Warren Avenue, Detroit. Age 54.

Normal weight 205 pounds. Well-built energetic businessman. Had a nervous breakdown in 1920 since which suffered persistent dizziness until laryngeal trouble set in. Because a hoarseness of voice developed he had tonsils removed by Dr. Simpson in Spring of 1923, but as this did not relieve the trouble, Dr. Simpson examined the larynx in November 1923, found a growth, removed a specimen at Harper Hospital for microscopic diagnosis. Specimen was divided between the pathologist of Harper Hospital, Dr. P. F. Morse and the pathologist of the University of Michigan, Dr. A. S. Warthin, both of whom gave a diagnosis of carcinoma. Patient also consulted leading throat specialists including Dr. R. B. Canfield, of the University of Michigan, all of whom considered the condition inoperable cancer of larynx and advised tracheotomy, to relieve the difficulty in breathing. Patient submitted himself for treatment November 26th, 1923.

Examination of neck region presented one hazelnut size mass on right side and four larger masses on left side of neck, the largest being about the size of ones little finger, reaching from the lower border of the thyroid cartilage to the angle of the jaw. The laryngeal fossa appeared full of polyploid masses, but a good look was not obtained. Patient could not talk above a whisper, was slightly cyanotic, respiration labored. Pain in left ear and throat.

Treatment was given and in three weeks, breathing was normal; voice much improved. Voice normal in eight weeks; all tumor masses had also disappeared. Examination of larynx June 1924, reveals no abnormality. Patient busy daily as a real estate salesman, talks all day as well as ever in his life. Voice clear and normal. Weight 218 pounds. Dizziness has all left and he claims he does not get fatigued, and is perfectly well.

SARCOMA OF BRAIN

Mrs. R. Age 38. Normal weight about 200 pounds.

Trouble started in September of 1922 with persistent severe headache. Vision became poor and found difficulty in milking the cows, a paralysis of the right hand having set in. Soon vomiting persistent and projectile in type developed. She consulted Dr. Charles Brooks who sent her to Harper Hospital where she was studied by the staff and a complete examination of the cranial nerves recorded. This was December 1922, when also a decompression was performed and a piece of skull removed from the right side of the skull four by five inches in size. Intracranial pressure was high and the escape relieved some of the patient's symptoms for a few weeks. She returned from the hospital in two weeks and the progress of the disease was much more rapid, all symptoms becoming accentuated. Diagnosis obtained by the exploration was given as sarcoma or possibly glioma; no tissue examination was reported. Patient seen by me in July of 1923 was found to be in extremely bad shape. Paralysis was practically complete; was blind and unable to articulate, projectile vomiting persisted. Examination of head showed a mass six inches long, five inches high and three inches thick projecting from the side of her head. The edges of the skull about the decompression opening were felt with deep hard pressure but the projecting mass contained something hard that could be felt through the fluid about one inch beneath the scalp. No further examination was made; as the patient was in such extremely bad condition accurate data could not be expected. She was very anemic and emaciated. Koch treatment was given in July and recovery was complete by November 1923, at which time the patient gained weight to 180 pounds, all of the tumor mass having disappeared and sensory and motor functions returned to normal. Examination May 1924, weight 220 pounds, decompression two and one half inches by two inches, scalp slightly sunken over the opening, patient in perfect health.

The diagnosis of sarcoma or glioma might be modified to sarcoma because of the rapid rate of development of the trouble and the rapid recovery.

CANCER OF THE RECTUM

Mrs. S. of Spokane Street, Detroit. Age 48.

Normal weight around 100 pounds. Was well until Spring 1921, when she started to bleed from the rectum and a progressive constipation set in. Finally pain in the lower spine developed and by the Spring of 1923, bowel obstruction threatened. She entered the Henry Ford Hospital March 17th, 1923 and an operation removing the lower ten inches of the bowel and a cancer mass was performed, diagnosis by microscope proved it to be cancer. The patient nearly died of shock but after two months she could be moved to her home. The condition rapidly grew worse, bleeding, odorous discharge, pain and bowel obstruction returned with violence. Soon small sores appeared around the anus and the feces came through the vagina practically complete. She grew weaker and pain in the upper abdomen associated with vomiting set in. I was called to see her August 7th, 1923, found patient bedfast and thin. Examination of abdomen showed liver enlargement reaching one-third distance from ribs to umbilicus and a hard three lobed mass filling the pelvis and reaching from pubes to one finger breadth from umbilicus.

Examination of anal region showed walls of orifice to be completely covered and closed by cancer tissue so that exploration within the rectum was not attempted. However, through the vagina, a fistula could be explored able to admit three fingers and opening into the rectum. The recto-vaginal wall was non-elastic, thickened and nodular, the whole area was painful, bleeding and admitting a characteristic discharge.

Koch treatment and recovery was complete in fourteen weeks except that the recto-vaginal fistula was not completely healed until January 1924. At present she is strong, can pass a stool as large as ones thumb, has no pain and stools all come through the rectum. All traces of cancer have disappeared, exploration of the recto-vaginal wall can find no abnormality and the patient is perfectly well except for the loss of sphincter control, which we refer to the results of the operation.

CANCER OF CERVIX, VAGINAL WALL AND VULVA

Mrs. M. M., White Plains, N. Y. Age 58.

Previous History. First referred to the Radium Institute by Dr. Robert H. Shanahan of Yonkers, in July 1920, for uterine fibroid. This condition yielded to radiation and uterine body reduced to apparently a normal size. Patient reports laceration during first childbirth. Operated in June 1919, by Dr. Shanahan and small fibroid removed and cervix repaired. General health good.

August 3rd, 1923. Patient reported persistent bleeding. Examination showed an ulcerated area on posterior border of cervix and involving vaginal wall over an area of three cm.

September 13th. After three weeks of observation with evidence of increased ulceration, radium treatment instituted. From September 13th, to November 13th, 1923 patient received three massive radium treatments totaling 6,000-milligram hours. Some relief of pain secured and apparent control of the process.

November 13th. Active advance of the nodular growth and ulceration on the labia majora and minora. Area on both sides about 4 cm. long. Unbearable pain evidenced. Heavy characteristic cancer odor. Patient’s physical condition poor. Ashy grey color. Bowel action poor. Pelvic pressure excessive.

November 20th. Koch treatment administered. Ulcerated area starting on opposite side of vagina, in one week developing size equal to original area on right side. Old area less painful.

November 30th. Labia majora show numerous neoplastic nodules, slightly discolored with similar nodules beneath skin along right side of neck. Ulcer on right border of vagina practically healed. That on left border apparently improved.

December 20th. Report covering three visits. Continued reaction showing a multitude of small papular areas on labia majora. Surface of papules black and of melano type. Similar reaction noted on arm and neck without discoloration. The ulceration on lateral surface of vagina gradually healing and at present appears cured.

August 1st, 1924. No abnormal condition present. Case cured.

CANCER OF THE STOMACH

Mr. B. S., 306 East 53rd Street, New York City. Age 78. Married. Native of Bavaria. Cigar maker.

Early History. Shows irregular meals for years. Gastric trouble common, some loss of weight.

January 19th 1924. Three months ago developed pain of colic type in stomach. Very severe pain directly on taking any food. Tendency to bowel stoppage and several days pass without movement. Tenesmus symptom common. Has external and internal hemorrhoids. No venereal sickness. Always well. Blood never examined, no bladder trouble. No X-ray examination made. No loss of weight. Complains of pain in back due to injury following a fall. Examination shows a mass along greater curvature of stomach about twelve cm. long. Tender on pressure. Pain radiating toward liver. Liver extending two inches below free border of ribs. Tenderness over gall bladder area. Mass in lower abdomen about two by two and a half inches also tender to pressure. No previous treatment administered. Koch Treatment administered.

February 2nd. Reported cutaneous eruption around neck and shoulders. No nausea or vomiting. Food intake liberal with no difficulty. Careful examination shows slight thickening remaining instead of the pronounced mass previously found. General condition greatly improved. Feels no pain or distress.

March 15th. Examination with no evidence of any remaining growth. No digestive symptoms or pain of any type. Patient entirely well. Only abnormality presenting is tile nodule to the right of the umbilicus, which appears to be reduced one half.

May 24th. Stomach apparently normal. Digestion normal. No pain. Patient feels no need of further care. This result was entirely due to the single treatment.

August 1st. Case remains well. No abnormal symptoms.

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